

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28						
29	1					
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41		4				
42		1				
43		1				
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

51
+ 3
54

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
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62						
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64						
65						
66						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

4
50
54